



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PET CHEWS AND METHODS OF PROVIDING DENTAL CARE TO PETS

the specification of which

(check one) ☐ is attached hereto. ☒ was filed on 8/25/2003, as United States Application Serial No. 10/647,660 or PCT International Application No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority claimed

(Number)	(Country)	Day/month/year filed	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

(Application No.)	(Filing Date)
<u>60/467,278</u>	<u>May 1, 2003</u>
_____	_____
_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing date)	(Status: patented, pending, abandoned)
_____	_____	_____
_____	_____	_____
_____	_____	_____

And I hereby appoint

George Gottlieb (Reg. No. 22,035)
Michael I. Rackman (Reg. No. 20,639)
James Reisman (Reg. No. 22,007)
Barry A. Cooper (Reg. No. 25,204)
David S. Kashman (Reg. No. 28,725)
Allen I. Rubenstein (Reg. No. 27,673)
Jeffrey M. Kaden (Reg. No. 31,268)

Amy B. Goldsmith (Reg. No. 33,700)
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Steven Stern (Reg. No. 50,320)

whose address is c/o Gottlieb, Rackman & Reisman, P.C., 270 Madison Avenue, New York NY 10016 (telephone (212) 684-3900), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct

all correspondence and telephone calls to: (check one) ☒ Jeffrey M. Kaden, Esq. at the address and telephone number shown above. ☐ Customer Number _____.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor HANDELSMAN, Simon
Inventor's Signature *Simon Handelsman* Date 10/29/03
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Full name of second joint inventor, if any _____
Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of third joint inventor, if any _____
Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor, if any _____
Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fifth joint inventor, if any _____
Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of sixth joint inventor, if any _____
Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
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